WASHINGTON STATE

IMMUNIZATION PROGRAM UPDATE

MARCH 2005

Washington State Department of Health

MEET JANA BARDI

Welcome Janna Bardi as the new Immunization Program Manager! Janna brings a wealth of immunization knowledge and work experience, including managing CHILD Profile here in Washington and immunization promotion in Africa. Read on to find out more about what she has been doing since starting in September.

You hit the ground running with Influenza vaccine shortage – can you say a few words about it?

The influenza vaccine shortage was immunization boot-camp for me! An experience we can use to better understand emergencies in this state. It was fascinating from a state Department of Health Incident Command perspective; when something big happens, how do you respond as a department and not as an individual program?

The Immunization Program is a focal point between federal, state, public and stakeholders …

Right there in the middle between pharmaceutical companies, doctors, local health, the State Board of Health, the legislature and health plans. Currently I've been thinking a lot about how to meet our needs as a state public health agency preventing the spread of disease while dealing with the complexities of funding.

How does the Legislature impact the Immunizations Program?

Immunizations are interesting because they are a very tangible aspect of public health. Immunizations have come up a lot in the legislature AND it is a conversation that we do not always have a part in. Our goal is to provide the best information to help the legislature in decision making.

You spent some time in Africa, Janna. Do your experiences there relate to your work here?

You bet! What I learned in Africa I use here every day. I worked with WHO, UNICEF, and USAID on immunization promotion campaigns. I came to understand community mobilization; how to identify an issue that needs to be addressed and then dissect it so that people can do something about it and move forward. I am intrigued by the interplay between policy development and day-to-day public health work. As policy evolves, how does work modify and evolve?

You're obviously a team player, Janna. Can you say a few words about working with the Immunization Staff?

Teaming! I firmly believe the best ideas come from sitting around a table with people who have diverse opinions and expertise. The flu vaccine shortage is a good example. I identified primary people to work with and then we participated in a Department Influenza Vaccine Shortage Team. Everyone had an opportunity with every policy and communication to review and comment on it. This keeps everybody on the same page, helps minimize confusion, and increases opportunity for engagement. We're really working as a team here! As a result, any member of the team is more able to hit the mark when they are in a situation

CONTINUED ON PAGE 4

FOCUS ON THE FOURTH – WASHINGTON'S NEW IMMUNIZATION INITIATIVE

Washington and Oregon are teaming up to fight pertussis and protect children. In April, both states will launch a 4th DTaP Initiative to increase childhood immunization rates by promoting timely administration of the 4th DTaP. Initiative activities will continue through 2005 in partnership with local health and will include outreach to health care providers and parents.

HIGH PERTUSSIS DISEASE AND LOW IMMUNIZATION RATES

Increasing pertussis disease and low immunization rates are both current challenges in Washington State. Pertussis is the most commonly reported vaccine preventable condition in Washington. Pertussis disease rates in Washington are higher than national averages. In 2003 pertussis incidence was 13.8 per 100,000 people; the national rate was 4.1 per 100,000 people.

Immunization rates for the 4th DTaP in Washington lag behind those of other pediatric vaccines, adversely affecting overall immunization rates. The 4th DTaP is due between 15-18 months; however nearly 20% of Washington children have not received their 4th DTaP by age 3. National Immunization Survey data shows that Washington has consistently achieved lower 4th DTaP immunization rates than the national average (see Figure 1).

Both increasing pertussis and low immunization rates make it more important than ever to ensure that young children receive all 5 doses in the DTaP series. Without proper vaccination, children are susceptible to pertussis, and are most likely to suffer severe illness and serious complications.

HOW TO GET INVOLVED

In March and April, the Immunization Program will provide more information to local health and other stakeholders about the 4th DTaP initiative and discuss potential partnerships. Initiative planning to date includes:

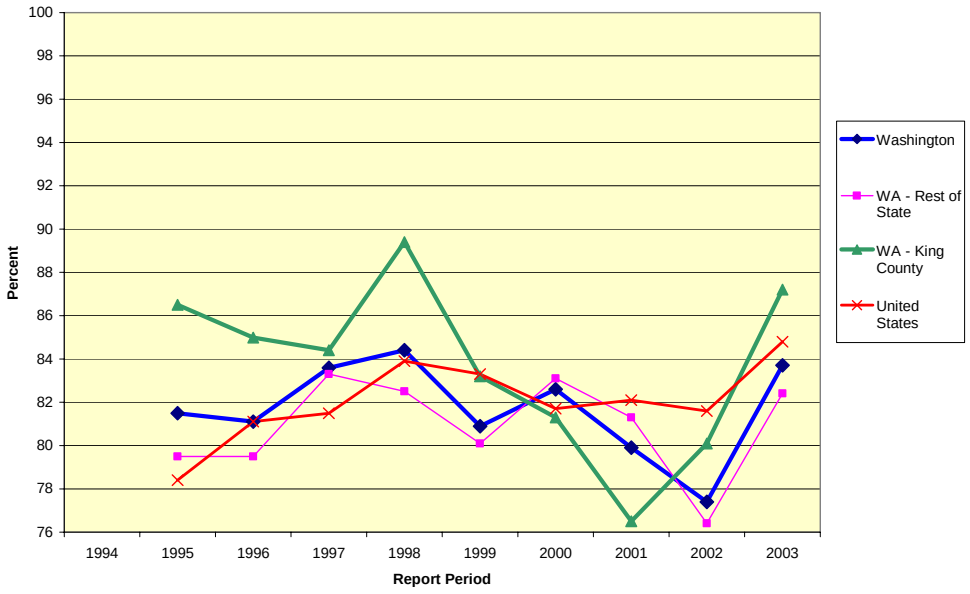
- Initiative launch in April during National Infant Immunization Week, and will continue through 2005
- Washington State Immunization Program partnership with Oregon to jointly coordinate some initiative activities to address regional 4th DTaP rates and pertussis disease
- Development of Parent and provider educational materials
- Including a 4th DTaP insert in CHILD Profile mailings
- Broadcast and print public service announcements promoting the 4th DTaP

The 4th DTaP Initiative is an opportunity for public health staff, health care providers, and parents, to work together to help decrease pertussis disease and increase immunization rates. There are many opportunities for local health to actively participate in the initiative:

- Distribute 4th DTaP education materials to local immunization providers – materials will be ready in April.
- Encourage local providers to track 4th DTaP immunization rates in their practice over time using CASA, and use the forecasting and reminder/ recall tools available in the CHILD Profile Immunization Registry.
- Contact local media and ask them to use DTaP public service announcements

Stay tuned for more information about the 4th DTaP Initiative in April. You can also contact Michele Perrin, Immunization Program Health Educator, at (360) 236-3720 or michele.perrin@ doh.wa.gov, for more information.

Figure 1: National Immunization Survery Rates for 4+ DTP/DTaP Vaccination 1995 - 2003



SPOTLIGHT ON LOCAL IMMUNIZATION PROGRAMS

WHAT DOES IT TAKE TO BE AN IMMUNIZATION PROGRAM "ON THE BORDER?"

Every local health jurisdiction (LHJ) rises to unique challenges in addressing immunization practice issues. Several Washington LHJs do this by collaborating and interacting with public health authorities across state and international boundaries.

Clark County, which includes Vancouver, makes up a significant part of the Portland metropolitan area. Residents readily move back and forth over the bridges spanning the Columbia. According to Clark County Immunization Coordinator Robin Kratz, this mobility means that some parents might live in Washington and work in Oregon, taking their child to daycare near their jobsite—while their pediatrician is in Washington. Sound complicated enough? Kratz feels that the two states' immunization registries communicating better with each other would smooth rough edges resulting from cross-state line mobility.

While Clark County borders several Oregon counties, they mostly interact with the Oregon State Immunization Program. Kratz attends their coalition meetings and cites the upcoming Oregon and Washington joint 4th DTaP Initiative as a great collaborative effort.

Being so close to another state can have a significant influence on immunization policy. During the recent influenza vaccine shortage, Oregon moved more quickly than Washington to loosen restrictions on who could be vaccinated. Given Portland's proximity, Clark County followed suit, widening the population eligible for vaccination.

Asotin County, in Washington's southeastern corner, borders two states—Idaho and Oregon. They have little interaction with Oregon, as that part of their neighbor to the south is sparsely populated. Idaho is another story. Asotin's county seat, Clarkston, and its neighbor across the Snake River, Lewiston, have a strong interdependent relationship. Lewiston has the area's only birthing hospital and pediatric practices. Accordingly, most Asotin kids get vaccinated in Idaho.

Some Idaho children obtain services at the Asotin County Health Department, but health departments in both states generally do not make an issue of residency. Situations like this may be the only opportunity to serve a child from the neighboring state presenting for vaccines. Idaho and Washington have slightly different school entry requirements, but county health departments in both states have made extensive efforts to ensure that the providers are educated about the differences.

Communication flows well between providers and health departments in the two states. Getting immunization information for a child seen in Lewiston is only a matter of picking up the telephone. Asotin County did indicate a need for the two states' immunization registries to better communicate. This may be a reality soon - Washington and Idaho are currently testing the data sharing process, and with the exception of a few minor technical issues, are very close to successful communication between the two state registries.

Whatcom County (Bellingham) is one of several Washington counties bordering Canada. Geography and the international highway system lead to interaction between the LHJ and British Columbia (BC).

Differing immunization requirements have fostered some over-the-border vaccine seeking. Several years ago, the pneumococcal conjugate vaccine (PCV) became available in the U.S. before it did in Canada. Some Canadian parent sought the vaccine in Whatcom County for their young children (private pay, of course!).

Before Canada's vaccine recommendations changed, hepatitis B vaccine was not required, necessitating catch-up vaccination for Canadian children entering U.S. schools.

The major recent international issue was U.S. citizens traveling to BC for influenza vaccine. A few entrepre-neurs chartered buses to take Americans from Bellingham into Canada for influenza vaccine topped off with a day of shopping.

A BC provider sought vaccine shortage information from Whatcom County to better anticipate vaccine demand from the south. BC providers advertise for influenza vaccine in local publications. Canadian vaccines not being FDA regulated limits the amount of planning possible between the countries. Rebecca Dorcas, a Whatcom Immunization nurse, notes that county residents seeking Canadian influenza vaccine during the shortage eased what could have been a more difficult situation for Whatcom and other border LHJs.

Challenges may linger, but cooperation and planning ease what could be a difficult situation for Whatcom and other LHJs on the borderline.

Note: The Washington Department of Health is also working with our Canadian

CONTINUED ON PAGE 4

SPOTLIGHT ON LOCAL IMMUNIZATION PROGRAMS, CONTINUEDFROM PAGE 3

partners for regional public health planning; an April meeting will focus on Pandemic Influenza Preparedness.

CREATIVE WAYS TO PROMOTE CHILD PROFILE

Do you often find it hard to promote the immunization registry in your local practices? Although Thurston County historically had some of the lowest rates of CHILD Profile enrollment in the state, a new initiative focuses on creative ways to encourage enrollment and recognize clinics that are registry users.

"CHILD Profile Dinner and a Demo" was the Thurston County Immunization Program's first official registry promotion event. The event was held at a local country club and included invigorating pro-registry and pro-immunization speeches from the Thurston County medical director and Immunization Program Coordinator; as well as a fascinating demonstration of the registry by CHILD Profile Health Marketing Specialist Margo Harris.

Creative marketing techniques were used to entice clinics to attend, including a buffet dinner, individual clinic invitations, immunization resource giveaways such as videos and tear pads from the Children's Hospital of Philadelphia, and a drawing to win a free computer. A county archived computer was refurbished and awarded to the winning clinic along with a contract stating that the winning clinic would enroll in the registry, or institute a reminder/recall system if they currently were registry users.

Final outcomes were very favorable! Of the 45 clinics enrolled in the state-supplied vaccine program in Thurston County, more than a quarter attended. Enrollment in the registry system in Thurston County has increased to nearly 32%! We have a long way to go, but continued education, provider recognition, and creative promotional events are proven strategies to increase total enrollment.

-Story submitted by Amy Jungmann, BSN, Immunization Program Coordinator Thurston County Public Health and Social Services.

The Thurston County Immunization Program invites you to

Dinner, a demo, and the chance to win a new computer

Want to spotlight your local immunization work in the next Immunization Update? Contact Michele Perrin at (360) 236-3720 or michele.perrin@doh.wa.gov.

MEET JANA BARDI, CONTINUEDFROM PAGE 1

requiring immediate decision-making.

Can you say a few words about the future of the Immunization Program?

We have so much exciting work going on right now – I am hopeful that the work we do now will improve program operations for the next 10 to 20 years. That work includes the Vaccine Management Business Improvement Project to improve vaccine ordering and distribution; policy work with stakeholders; partnering with the Vaccine Advisory Committee and State Board of Health to assure our immunization laws are understandable, relevant and assure protection from disease; targeted work to increase immunization rates; and utilizing the immunization registry to improve the way we do our work. It's exciting work and I'm very proud to join you all in it.

VACCINE UPDATE

MENINGOCOCCAL VACCINE

In January 2005, the Food and Drug Administration licensed Menactra, the meningococcal conjugate vaccine (MCV4) from Sanofi-Pasteur, for ages 11-55. The Advisory Committee on Immunization Practices (ACIP) recommended MCV4 for 11-12 and 15 year olds at its February 10, 2005 meeting. The vaccine may be made available on the CDC contract for the Vaccines for Children Program in April 2005. However,

- CDC has not yet finalized their recommendation for the use of the vaccine through the VFC Program.
- CDC does not anticipate adding Menactra to the Recommended Childhood and Adolescent Immunization Schedule until 2006.

The Immunization Program will work with the Washington State Vaccine Advisory Committee to finalize recommendations for Washington State, and to determine whether or not the vaccine will be available to all children through the State Childhood Vaccine Program.

As more information becomes available, it will be shared with our local health partners.

CDC VACCINE MANAGEMENT BUSINESS IMPROVEMENT PROJECT (VMBIP)

CDC is undertaking a project to increase national efficiencies in vaccine inventory management and distribution. CDC will consolidate national vaccine distribution with two to three regional distributors by March 2007. Washington recently learned that we have been selected as a pilot site. No start dates have been determined yet, however, it is expected that pilots may begin in the late summer or fall of 2005.

CDC's vaccine management processes would include:

- Provider Ordering and Approval: Establish provider-direct ordering from a third party distributor (with appropriate state and local oversight) using tailored ordering/replenish-ment guidelines to simplify processes, standardize reporting and accountability, and reduce administrative burden.
- Distribution and Inventory Management: Consolidate inventories into a few third-party distributors, and fulfill orders directly to providers.
- Consolidate Information Technology Systems: Provide key ordering, inventory and distribution system functionality that captures appropriate data, enables a centralized program, and increases the visibility of vaccine nationwide.
- As a pilot site, Washington can help tailor the system to best meet Washington State's unique needs. We will use multiple communications methods – e-mail, conference calls, and possibly regional meetings – to get local input into the process and keep local health abreast of project developments. Stay tuned for e-mail notification of opportunities to participate.

"Washington has been chosen as a pilot site for a new CDC project to increase national efficiencies in vaccine inventory management and distribution"

FLU SEASON

We'd love to hear from you – what worked well? What could we have done better? Was communication timely and clear? Send comments to Jan Hicks-Thomson at jan.hicks-thomson@doh.wa.gov.

http://www.doh.wa.gov/cfh/Immunize/

IMMUNIZATION PROGRAM

Washington State Department of Health

PO Box 47843

Olympia, WA 98504-7843

Phone: 360-236-3595

FAX: 360-236-3590

STAFF CHANGES

Michelle Hoffman resigned as AFIX Coordinator. Michelle plans to travel and is considering going back to school – we wish her the best of luck. Until the position is refilled, if you have a CASA technical question, please contact Ros Aarthun at 360-236-3527 (email: ros.aarthun@doh.wa.gov). For AFIX questions, please contact Katherine Harris-Wollburg at 360-236-3513 (email: katherine.harris-wollburg@doh.wa.gov) or Ros Aarthun.

Tawney Harper has left her position as VFC coordinator and is the new Program Administration Section Manager.

IMMUNIZATION PROGRAM STAFF

An Immunization Program staff contact list is included with this newsletter. We hope it will be a tool you can hang on to and use when you need to contact us.

IMMUNIZATION LEGISLATIVE UPDATES

The 2005 legislative session is in full swing, with three immunization-related bills introduced so far:

House Bill 1288 proposed an amendment to add varicella vaccine as a school attendance requirement for middle or junior high school. The bill was dropped.

House Bill 1463 proposes an amendment to RCW 28A. 210, requiring every public and private school in the state to provide parents and guardians with information about meningococcal disease and vaccine availability at the beginning of every school year. The bill was amended to have the information provided for children entering 6th grade and beyond.

Senate Bill 5305 adds a new section to RCW 70.95M, prohibiting the vaccination of any person who is known to be pregnant or who is under three years of age with a mercury-containing vaccine or injected with a mercury-containing product that contains more than 0.5 micrograms of mercury per 0.5 milliliter dose (with an exception for slightly higher amounts of mercury in influenza vaccine). The limits described in the bill are within the range of currently available vaccines.

For complete bill language or to obtain current status of a bill, go to http://www1.leg.wa.gov/legislature.

For more information about the legislative session, contact Tawney Harper at 360-236-3525.

UPCOMING EVENTS

The Immunization Action Coalition of Washington's (IACW) next meeting is Wednesday April 20, 2005, in Shoreline, Washington. This is a great way to network with immunization colleagues from around the state and to be involved with statewide immunization activities. For more information, contact Jefferson Rose, of the IACW at (206) 830-5176 or jeffersonr@hmhbwa.org.

WASHINGTON STATE - DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

Program Manager ***(360) 236-3568***
Janna Bardi **Janna.Bardi@doh.wa.gov**

Management Oversight, Strategic Planning, Policy Development, Partnerships, Personnel Budget Oversight, Legislative and emerging issues

VACCINE MANAGEMENT

Vaccine Management ***(360) 236-3578***
Jan Hicks-Thomson **Jan.Hicks-Thomson@doh.wa.gov**

Management, supervision, budget and policy development; strategic planning for vaccine management, adolescent and adult immunization, health education, communication, and IT support

Lead Vaccine Coordinator ***(360) 664-8687***
Paul "Chief" Gardipee **Paul Gardipee@doh.wa.gov**

Vaccine Ordering & Distribution, Vaccine Management Training, Vaccine Accountability

Vaccine Coordinator ***(360) 664-2183***
Justin Warner **Justin.Warner@doh.wa.gov**

Receives & Ships Vaccine Orders, Handles Vaccine Returns, Accountability Reports

HEALTH PROMOTION AND COMMUNICATION

Health Educator ***(360) 236-3720***
Michele Perrin **Michele.Perrin@doh.wa.gov**

Coordinates immunization health education and communication activities, including campaigns, media and education materials

Adult Immunization Coordinator ***(360) 236-3556***
Tom Kimzey **Tom.Kimzey@doh.wa.gov**

Adult Immunizations, Partnership Development, Public Awareness and Private Provider Awareness Activities

Information Systems Coordinator ***(360) 236-3555***
Steve Bichler **Steve.Bichler@doh.wa.gov**

Materials development, ordering and distribution, webpage development and maintenance, IT and database support

QUALITY ASSURANCE & ASSESSMENT

Epidemiologist ***(360) 236-3537***
Pat deHart **Pat.deHart@doh.wa.gov**

Epidemiologist Consultant, Technical Consultant, Study design, Data Collection and Analysis

VFC Coordinator ***(360) 236-3513***
Katherine Harris-Wollburg
Katherine.Harris-Wollburg@doh.wa.gov

VFC Lead, Partnership Building, Provider Education, CDC Reports DOH/MAA Interagency Agreement

Assessment Coordinator ***(360) 236-3527***
Ros Aarthun **Ros.Aarthun@doh.wa.gov**

School & Childcare Assessment, Population Based Assessment, AFIX/CASA Assessment

AFIX Coordinator – ***Vacant***

Dept of Health – Immunization Program
P.O. Box 47843
Olympia, WA 98504-7843

Phone: 360-236-3595 or Outside Greater Olympia: 1-866-397-0337
Fax: 360-236-3590 or Outside Greater Olympia: 1-866-630-3691
Order Materials by Fax: 360-664-2929 or Email:
immunematerials@doh.wa.gov

CDC STAFF

Senior Public Health Advisor ***(360) 236-3541***
Lin Watson **Lin.Watson@doh.wa.gov**

CDC Liaison, Immunization Program Operations Manager

Public Health Advisor ***(360) 236-3506***
Carlos Quintanilla **Carlos.Quintanilla@doh.wa.gov**

Technical and Program Management Consultant, CDC grant application coordination, CDC Communications Liaison, Vaccine Advisory Committee Staff Lead

NURSE CONSULTANTS

Public Health Nurse Consultant ***(360) 236-3540***
Karen Arbogast RN, MSN ***Cell Ph (360) 701-3656***
Karen.Arbogast@doh.wa.gov

Field Consultant, Technical Consultant, Quality Assurance Reviews, On Site Training of LHJ Staff and Providers

Public Health Nurse Consultant ***(360) 236-3760***
Ruth McDougall RN, BSN ***Cell Ph (206) 300-7951***
Ruth.McDougall@doh.wa.gov

Field Consultant, Technical Consultant, Quality Assurance Reviews, On Site Training of LHJ Staff and Providers

Public Health Nurse Consultant, Hepatitis Coordinator ***(360) 236-3698***
Shana.Johnny@doh.wa.gov
Shana Johnny RN, MN

Consultation & Technical Assistance for Hepatitis, Conducts Site Visits & Epidemiological Studies

Assistant Hepatitis Coordinator ***(360) 236-3565***
Claire Norby **Claire.Norby@doh.wa.gov**

Data Entry in Perinatal Hepatitis B Surveillance, Consultation & Technical Assistant for Perinatal Hepatitis B

PROGRAM ADMINISTRATION

Program Administration Section Manager ***(360) 236-3525***
Tawney Harper **Tawney.Harper@doh.wa.gov**

Management, supervision, budget and policy development, strategic planning for program administration section, including budget, contracts, and federal grants

Program Linkages Coordinator ***(360) 236-3551***
Pamela Johnson **Pamela.Johnson@doh.wa.gov**

Oversees projects with Community/Migrant Health Centers, WIC/Linkage Activities, School/Childcare Access to the Registry, CHILD Profile Liaison

Budget Coordinator ***(360) 236-3564***
Teresa Deming **Teresa.Deming@doh.wa.gov**

Office Operations, Budget Development & Monitoring

Secretary Administrative
Wendy Lee ***(360) 236-3514*** **Wendy.Lee@doh.wa.gov**
Sonja Morris ***(360) 236-3545*** **Sonja.Morris@doh.wa.gov**
Flo Zikas ***(360) 236-3981*** **Flo.Zikas@doh.wa.gov**
Molly Robertson ***(360) 236-3569***
Molly.Robertson@doh.wa.gov
Michelle Bilhimer ***(360) 236-3591***
Michelle.Bilhimer@doh.wa.gov

Clerical Support, Phone Triage, special project support

Web Site http://www.doh.wa.gov/cfh/Immunize/default.htm